

TRANSMITTAL FORM

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Mail Stop Appeal Brief-Patents

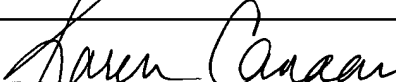
Application Number **09/402,273**
Filing Date **December 13, 1999**
First Named Inventor **Jorj Terry ULRICH**
Art Unit **1644**
Examiner Name **Phuong N. HUYNH**
Attorney Docket Number **9950-0002**

ENCLOSURES (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> No fee due
<input type="checkbox"/> Fee Transmittal
<input checked="" type="checkbox"/> Fee(s) due
<input checked="" type="checkbox"/> Fee Transmittal
<input checked="" type="checkbox"/> Check for \$290.00
<input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580
<input checked="" type="checkbox"/> Return postcard
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449
<input type="checkbox"/> Copy(ies) of cited reference(s)
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s): | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC)
<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|--|


Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (print/type)	Karen Canaan	Registration No. (Attorney/Agent)	42,382	Telephone	(650) 330-0900
Signature				Date	July 6, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **July 6, 2004**.

Name (print/type)	Mary O'Malley		
Signature		Date	July 6, 2004